

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009137

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

54

Registrar's No.

701

STATE FILE NUMBER

FILED MAR 8 1962

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Overland

Length of stay in 1b

11 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Louis County Hosp.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN

Overland

d. STREET  
ADDRESS

(If outside, give location)

9433 Echo Lane

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Glenn

Middle

William

Last

Gilder

4. DATE  
OF DEATH

Month

2

Day

25

Year

62

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-4-1920

## 9. AGE (last birthday)

41

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Minister

## 10b. KIND OF BUSINESS OR INDUSTRY

RELIGION

## 11. BIRTHPLACE (City and state or country)

Delta, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Herbert Gilder

## 13b. MOTHER'S MAIDEN NAME

Bertha Overbeck

## 14. NAME OF HUSBAND OR WIFE

Fern Gilder

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Fern Gilder, 9433 Echo Lane

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary thromboemboli

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Pulmonary thromboemboli

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Generalized cerebral atrophy (Alzheimer's)

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from 2-14-62 to 2-25-62 and last saw him alive on 2-25-62

Death occurred at

10:00 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Arthur L. Howe MD

## 22b. ADDRESS

601 S. Brentwood Clayton Mo

## 22c. DATE SIGNED

2/26/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

3-1-62

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Zion

## 23d. LOCATION (City, town, or county)

Jackson

## (State)

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Earl Hilleman Overland, Mo. (14)

## 25. DATE RECD. BY LOCAL REG.

2-28-62

## 26. REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Earl Whiteman

Licensed Embalmer No. 3501

P. O. Address Oreland, Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.